

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/031658

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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35						
36						
37						
38						
39		1				
40			1			
41				1		
42					1	
43						1
44					1	
45						1
46					1	
47						1
48					1	
49						1
50					1	
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51					1			
52						1		
53							1	
54								1
55								1
56								1
57								1
58								1
59								1
60								1
61							1	
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89								1
90								1
91								1
92								1
93								1
94								1
95								1
96								1
97								1
98								1
99								1
100								1
TOTAL IND.								1
TOTAL DEP.								1
TOTAL CLAIMS								1

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831